

REPORT - HIPAA 834 to MMIS mapped fields only

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Benefit Enrollment and Maintenance						Outbound to HMOs: Send "payment listing" of clients to HMOs.	Translation
	ST	Transaction Set Header		R					
	ST 01	Transaction Set Identifier Code	ID3	R				Hard code "834"	Translation
	ST 02	Transaction Set Control Number	AN9	R				Sequence # start from 1 increment by 1 for each TS in a func group. ST02 and SE02 must be identical	Translation
	BGN	Beginning Segment		R					
	BGN01	Transaction Set Purpose Code	ID2	R				Hard code "00"-Original	Translation
	BGN02	Transaction Set Identifier Code	AN30	R				Verify this is a sequence number that begins with 1 and increments by 1	Translation
	BGN08	Action Code	ID2	R				Hard code "4"-Verify, for full roster	Translation
	REF	Transaction Set Policy Number		S					
	DTP	File Effective Date		S					
1000A	N 1	Sponsor Name		R					
1000A	N 1	Sponsor Name		R					
1000A	N 101	Entity Identifier Code	ID3	R				Hard code "P5"-Plan Sponsor	Translation
1000A	N 102	Plan Sponsor Name	AN60	S				Hard code "Wash. State DSHS Medical Assistance Administration"	Translation
1000A	N 103	Identification Code Qualifier	ID2	R				Hard code "FI"-Federal Taxpayer's ID	Translation
1000A	N 104	Sponsor Identifier	AN80	R				Hard code MAA Tax ID number	Translation

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1000B	N 1	Payer		R					
1000B	N 1	Payer		R					
1000B	N 101	Entity Identifier Code	ID3	R				Hard code "IN"-Insurer	Translation
1000B	N 102	Insurer Name	AN60	S	Prov-File	PROV-NAME	X(31)		
1000B	N 103	Identification Code Qualifier	ID2	R				Send "XV" with NPI; send "FI" with TaxID	Translation
1000B	N 104	Insurer Identification Code	AN80	R	Prov-File	PROV-EMPLR-IDENT-NU	X(10)	expand field to fit NPI or new field	HIPAA Required
1000B	N 104	Insurer Identification Code	AN80	R	Prov-File	PROV-SS-NUM	X(9)	expand field to fit NPI or new field	HIPAA Required
1000B	N 104	Insurer Identification Code	AN80	R	Recip-Elig-File	PCOP-BILLING-PROV	9(07)	expand field to fit NPI or new field	HIPAA Required
1000C	N 1	TPA/Broker Name		S					
1000C	N 1	TPA/Broker Name		S					
1100C	ACT	TPA/Broker Account Information		S					
1100C	ACT	TPA/Broker Account Information		S					
2000	INS	Member Level Detail		R					
2000	INS	Member Level Detail		R					
2000	INS01	Insured Indicator	ID1	R				Will always be "Y" if subscriber is patient	Translation
2000	INS02	Individual Relationship Code	ID2	R				Hard code "18"-insured is subscriber	Translation
2000	INS03	Maintenance Type Code	ID3	R				Hard code "030"-Audit or Compare, for full roster; or use "024" for termination?	Policy Issues
2000	INS04	Maintenance Reason Code	ID3	S				Hard code "XN"-Notification Only	Translation
2000	INS05	Benefit Status Code	ID1	R				Hard code "A"-Active	Translation

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2000	INS08	Employment Status Code	ID2	S				Hard code "FT"-full time recipient	Translation
2000	INS10	Handicap Indicator	ID1	S	Recip-Elig-File	RECIP-DISABILITY-COD	X(01)	"Y" if field is not blank	Translation
2000	INS12	Insured Individual Death Date	AN35	S	Recip-Elig-File	RECIP-DATE-OF-DEATH	9(5)		
2000	REF	Subscriber Number		R					
2000	REF01	Reference Identification Qualifier	ID3	R				Hard code "0F"-subscriber number (DSHS PIC)	Translation
2000	REF02	Subscriber Identifier	AN30	R	Recip-Elig-File	RECIP-IDENT-NUMBER	X(14)		
2000	REF	Member Policy Number		S					
2000	REF	Member Identification Number		S					
2000	REF01	Reference Identification Qualifier	ID3	R				Hard code "3H"-Case Number; "Q4"-Prior Identifier Number; "23"-client ID; "F6"-HIC	Translation
2000	REF02	Subscriber Supplemental Identifier	AN30	R	Recip-Elig-File	ORIGINAL-RECIP-ID	X(14)		
2000	REF02	Subscriber Supplemental Identifier	AN30	R	Recip-Elig-File	RECIP-CASE-NUMBER	X(11)		
2000	REF02	Subscriber Supplemental Identifier	AN30	R	Recip-Elig-File	RECIP-CLIENT-ID	X(09)		
2000	REF	Prior Coverage Months		S					
2000	REF01	Reference Identification Qualifier	ID3	R				Hard code "QQ"-unit number	Translation
2000	REF02	Prior Coverage Month Count	AN30	R				Must maintain or compute the number of prior months covered (consecutive or not), for Certificate of Creditable Coverage	HIPAA Required
2000	DTP	Member Level Dates		S					

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2000	DTP01	Date Time Qualifier	ID3	R				For active client, send "473" and "474" with recip-elig-beg/end-date respectively; for termination, send "357" with recip-elig-end-date.	Translation
2000	DTP03	Status Information Effective Date	AN35	R	Recip-Elig-File	RECIP-ELIG-BEG-DATE	9(5)		
2000	DTP03	Status Information Effective Date	AN35	R	Recip-Elig-File	RECIP-ELIG-END-DATE	9(5)		
2100A	NM1	Member Name		R					
2100A	NM1	Member Name		R					
2100A	NM101	Entity Identifier Code	ID3	R				Hard code "IL"-insured	Translation
2100A	NM103	Subscriber Last Name	AN35	R	Recip-Elig-File	RECIP-LAST-NAME	X(13)	Support up to 35 bytes	HIPAA Required
2100A	NM104	Subscriber First Name	AN25	R	Recip-Elig-File	RECIP-FIRST-NAME	X(9)	Support up to 25 bytes	HIPAA Required
2100A	NM105	Subscriber Middle Name	AN25	S	Recip-Elig-File	RECIP-MIDDLE-INIT	X(1)	Support up to 25 bytes	HIPAA Required
2100A	NM108	Identification Code Qualifier	ID2	S				Hard code "34"-Social Security Number, until NII used	Translation
2100A	NM109	Subscriber Identifier	AN80	S	Recip-Elig-File	RECIP-SS-NUMBER	X(9)		
2100A	PER	Member Communications Numbers		S					
2100A	PER01	Contact Function Code	ID2	R				Hard code "IP"-insured	Translation
2100A	PER04	Communication Number	AN80	R	Recip-Elig-File	RECIP-PHONE-NUMBER	X(10)		
2100A	N 3	Member Residence Street Address		S					
2100A	N 301	Subscriber Address Line	AN55	R	Recip-Elig-File	RECIP-ADDR-LINE-1	X(25)		
2100A	N 302	Subscriber Address Line	AN55	S	Recip-Elig-File	RECIP-ADDR-LINE-2	X(20)		

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2100A	N 4	Member Residence City, State, ZIP Code		S					
2100A	N 401	Subscriber City Name	AN30	R	Recip-Elig-File	CITY_home	X(24)		
2100A	N 402	Subscriber State Code	ID2	R	Recip-Elig-File	RECIP-ADDR-LINE-3	X(20)	Parse for state	Translation
2100A	N 403	Subscriber Postal Zone or ZIP Code	ID15	R	Recip-Elig-File	RECIP-ZIP-CODE	9(5)		
2100A	N 405	Location Qualifier	ID2	S				Hard code "CY"-county	Translation
2100A	N 406	Location Identification Code	AN30	S	Recip-Elig-File	RECIP-COUNTY-CODE	9(2)	Support up to 30 bytes	HIPAA Required
2100A	DMG	Member Demographics		S					
2100A	DMG02	Member Birth Date	AN35	R	Recip-Elig-File	RECIP-DATE-OF-BIRTH	9(7)		
2100A	DMG03	Gender Code	ID1	R	Recip-Elig-File	RECIP-SEX-CODE	X(1)	Map codes. "F"="2", "M"="1"	Map Codes
2100A	DMG05	Race or Ethnicity Code	ID1	S	Recip-Elig-File	RECIP-RACE-CODE	X(1)	Use race?	Map Codes
2100A	DMG06	Citizenship Status Code	ID2	S	Recip-Elig-File	ALIEN-IND	X(1)	Use citizenship status?	Policy Issues
2100A	ICM	Member Income		S					
2100A	AMT	Member Policy Amounts		S					
2100A	AMT01	Amount Qualifier Code	ID3	R				"C1"-co-payment or "D2"-deductible or "P3"-premium amounts	Translation
2100A	AMT02	Contract Amount	R18	R				If needed, put copay or deductible or premium amounts here	Nice to Have
2100A	HLH	Member Health Information		S					
2100A	LUI	Member Language		S					
2100A	LUI02	Language Code	AN80	S	Recip-Elig-File	PRIMARY-LANG-IND	X(2)	need to map codes	Map Codes
2100B	NM1	Incorrect Member Name		S				When member's name, SSN, sex, DOB changes, MMIS must store old values to send here.	HIPAA Required

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2100B	NM1	Incorrect Member Name		S					
2100B	DMG	Incorrect Member Demographics		S					
2100C	NM1	Member Mailing Address		S					
2100C	NM1	Member Mailing Address		S					
2100C	N 3	Member Mail Street Address		S					
2100C	N 4	Member Mail City, State, Zip		S					
2100D	NM1	Member Employer		S					
2100D	NM1	Member Employer		S					
2100D	PER	Member Employer Communications Numbers		S					
2100D	N 3	Member Employer Street Address		S					
2100D	N 4	Member Employer City, State, Zip		S					
2100E	NM1	Member School		S					
2100E	NM1	Member School		S					
2100E	PER	Member School Communications Numbers		S					
2100E	N 3	Member School Street Address		S					
2100E	N 4	Member School City, State, Zip		S					

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2100F	NM1	Custodial Parent		S					
2100F	NM1	Custodial Parent		S					
2100F	PER	Custodial Parent Communications Numbers		S					
2100F	N 3	Custodial Parent Street Address		S					
2100F	N 4	Custodial Parent City, State, Zip		S					
2100G	NM1	Responsible Person		S					
2100G	NM1	Responsible Person		S					
2100G	PER	Responsible Person Communications Numbers		S					
2100G	N 3	Responsible Person Street Address		S					
2100G	N 4	Responsible Person City, State, Zip		S					
2200	DSB	Disability Information		S					
2200	DSB	Disability Information		S					
2200	DSB01	Disability Type Code	ID1	R	Recip-Elig-File	RECIP-DISABILITY-COD	X(01)	map codes	Map Codes
2200	DTP	Disability Eligibility Dates		S					
2300	HD	Health Coverage		S					
2300	HD	Health Coverage		S					
2300	HD 01	Maintenance Type Code	ID3	R				Hard code "030"-audit or compare	Translation

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2300	HD 03	Insurance Line Code	ID3	R				If program is HMO, send "HMO"; if tribal clinic, send "PPO". How are tribes enrolled? ask Michelle Senn.	System Questions
2300	HD 04	Plan Coverage Description	AN50	S	Plan-File	GROUP-NUMBER	X(04)	PCOP-type: "C"-capitated or "P"-PCCM (tribal). Group-number is the HMO's name. Must also indicate CSHCN clients. Need to develop logic to determine what to put here.	Map Codes
2300	HD 04	Plan Coverage Description	AN50	S	Recip-Elig-File	PCOP-TYPE	X(01)	PCOP-type: "C"-capitated or "P"-PCCM (tribal). Group-number is the HMO's name. Must also indicate CSHCN clients. Need to develop logic to determine what to put here.	Map Codes
2300	HD 05	Coverage Level Code	ID3	S				Hard code "IND"-individual	Translation
2300	DTP	Health Coverage Dates		R				Two DTP segments, one for begin date, one for end date.	Translation
2300	DTP01	Date Time Qualifier	ID3	R				Send "473" with pcop-begin-date; send "474" with pcop-end-date	Translation
2300	DTP03	Coverage Period	AN35	R	Recip-Elig-File	PCOP-BEGIN-DATE	9(05)		
2300	DTP03	Coverage Period	AN35	R	Recip-Elig-File	PCOP-END-DATE	9(05)		
2300	AMT	Health Coverage Policy		S					
2300	REF	Health Coverage Policy Number		S					
2300	IDC	Identification Card		S					
2310	LX	Provider Information		S					
2310	LX	Provider Information		S					
2310	LX 01	Assigned Number	N06	R				Hard code "1"	Translation
2310	NM1	Provider Name		R					
2310	NM103	Provider Last or Organization Name	AN35	S	Prov-File	PROV-NAME	X(31)		

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2310	NM108	Identification Code Qualifier	ID2	S				"XX"-NPI, or "FI"-TaxID, or "34"-SSN	Translation
2310	NM109	Provider Identifier	AN80	S	Recip-Elig-File	PCOP-PERFORM-PROV	9(07)		
2310	N 4	Provider City, State, ZIP Code		S					
2310	N 401	Member City Name	AN30	R	Prov-File	PROV-CITY	X(18)		
2310	N 402	Member State Code	ID2	R	Prov-File	PROV-STATE	X(02)		
2310	N 403	Member Postal Zone or Zip Code	ID15	R	Prov-File	PROV-ZIP-CODE	9(9)		
2310	PER	Provider Communications Numbers		S					
2310	PER04	Communication Number	AN80	R	Prov-File	PROV-TELE-NUM	9(10)		
2310	PLA	PCP Change Reason		S					
2320	COB	Coordination of Benefits		S					
2320	COB	Coordination of Benefits		S					
2320	COB01	Payer Responsibility Sequence Number Code	ID1	R				Hard code "P"-Primary	Translation
2320	COB02	Insured Group or Policy Number	AN30	S	Recip-Elig-File	POL-CERT-NUM	X(15)		
2320	COB03	Coordination of Benefits Code	ID1	R				if TPL data present, hard code "1", else "6"	Translation
2320	REF	Additional Coordination of Benefits Identifiers		S					
2320	REF01	Reference Identification Qualifier	ID3	R				Hard code "6P"-Group Number or "SY"-Social Security Number	Translation
2320	REF02	Insured Group or Policy Number	AN30	R	Recip-Elig-File	GROUP-NUMBER	X(10)		

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2320	REF02	Insured Group or Policy Number	AN30	R	Recip-Elig-File	SSN-OF-INSURED	X(9)		
2320	N 1	Other Insurance Company Name		S					
2320	N 101	Entity Identifier Code	ID3	R				Hard code "IN"-Insurer	Translation
2320	N 102	Insurer Name	AN60	S	Recip-Elig-File	CARRIER-NAME	X(20)		
2320	N 103	Identification Code Qualifier	ID2	S				Hard code "FI"-Tax ID or "XV"-National PlanID	Translation
2320	N 104	Insured Group or Policy Number	AN80	S	Recip-Elig-File	CARRIER-ID	X(4)	Need to store external IDs, not current local ones.	Electronic COB
2320	DTP	Coordination of Benefits Eligibility Dates		S					
2320	DTP01	Date Time Qualifier	ID3	R				Hard code "344"-COB Begin or "345"-COB End	Translation
2320	DTP03	Coordination of Benefits Date	AN35	R	Recip-Elig-File	COV-BEGIN-DATE	9(5)		
2320	DTP03	Coordination of Benefits Date	AN35	R	Recip-Elig-File	COV-END-DATE	9(5)		
2320	SE	Transaction Set Trailer		R					

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Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

Column Heading Legend:

"DT" = Data Type

COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)